

Government Claims Program  
Office of Risk and Insurance Management  
Department of General Services  
P.O. Box 989052, MS 414  
West Sacramento, CA 95798-9052

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For Office Use Only  
Government Claims Program

MAR 05 2018

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1-800-955-0045 • [www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx](http://www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx)

Clear Form

Print Form

**Is your claim complete?**

- ☐ Include a check or money order for \$25 payable to the State of California.
- ☐ Complete all sections relating to this claim and sign the form. Please print or type all information.
- ☐ Attach copies of any documentation that supports your claim. Please do not submit originals.

**Claimant Information** Use name of business or entity if claimant is not an individual

1	Barriga Pablo E	2	Tel:	
	Last name	First Name	MI	
			3	Email:
4				
	Mailing Address	City	State	Zip
5	Inmate or patient number, if applicable: N/A			
6	Is the claimant under 18? No		If Yes, please give date of birth:	
7				

If you are an insurance company claiming subrogation, please provide your insured's name in section 7.

8	
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If your claim relates to another claim or claimant, please provide the claim number or claimant's name in section 8.

**Attorney or Representative Information**

9		10	Tel:	
	Last name	First Name	MI	
			11	Email:
12				
	Mailing Address	City	State	Zip
13	Relationship to claimant:			

**Claim Information** Please add attachments as necessary

14	Is your claim for a stale-dated warrant (uncashed check)? <input type="radio"/> Yes <input checked="" type="radio"/> No If No, skip to Step 15.	
	State agency that issued the warrant:	
	Dollar amount of warrant:	Date of issue:
	Warrant number:	MM/DD/YYYY
15	Date of Incident: December 7, 2017	
	Was the incident more than six months ago? <input type="radio"/> Yes <input checked="" type="radio"/> No	
	If YES, did you attach a separate sheet with an explanation for the late filing? <input type="radio"/> Yes <input checked="" type="radio"/> No	
16	State agencies or employees against whom this claim is filed: 10 Tanker Air Carrier (John Gould - President and CEO) 3201 University Blvd. SE suit#102 Albuquerque NM 87106	
17	Dollar amount of claim: \$50,000 Dollars	
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="radio"/> Limited civil case (\$25,000 or less) <input checked="" type="radio"/> Non-limited civil case (over \$25,000)
	Explain how you calculated the amount: The amount was calculated by my homeowner's insurance company. The amount is the portion over the amount not covered by my policy. My insurance co. is Safeco Insurance Company. PO Box 515097 Los Angeles CA 90051-5097. Adjuster Nahal (Nichole) Mazandarani Sr. Filed Resolution Spec (714) 757-5983 Nahal.Mazandarani@libertymutual.com My policy is OA3154400 Claim # 036620870-01	

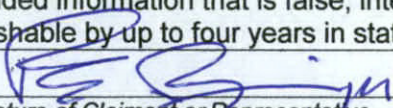


18	Location of the incident: [REDACTED]
19	Describe the specific damage or injury: My residence and outside property was heavily damaged from an areal drop of Fos-Chek from a DC-10 aircraft. My residence and outside property was affected including swimming pool, fences, drive way, detached structures, trees and landscape.
20	Explain the circumstances that led to the damage or injury: Due to a brush fire approaching my residence, 10 Tanker air Carrier made a level 10 drop directly on my home and property. It was stated to me by John Gould (President and CEO of the company) that the air tanker was to low for t his maneuver. He also stated to me that the dropped approximately 12,000 gallons of Fos-Chek directly on my home. I was able to capture video of the drop. I also have many aerial pictures of the interior a nd exterior
21	Explain why you believe the state is responsible for the damage or injury: I believe the state is responsible for the damage because the state has a contract for services with 10 Tanker Air Ca rrier, which caused the damage. My entire home has to be rebuilt. The exterior property has to be re-done as well.
22	Does the claim involve a state vehicle? <input type="radio"/> Yes <input checked="" type="radio"/> No
	If YES, provide the vehicle license number, if known:

### Auto Insurance Information

23	Name of Insurance Carrier			
	Mailing Address	City	State	Zip
	Policy Number:	Tel:		
	Are you the registered owner of the vehicle?	<input type="radio"/> Yes	<input type="radio"/> No	
	If NO, state name of owner:			
	Has a claim been filed with your insurance carrier, or will it be filed?	<input type="radio"/> Yes	<input type="radio"/> No	
	Have you received any payment for this damage or injury?	<input type="radio"/> Yes	<input type="radio"/> No	
	If yes, what amount did you receive?			
	Amount of deductible, if any:			
	Claimant's Drivers License Number:	Vehicle License Number:		
	Make of Vehicle:	Model:	Year:	
	Vehicle ID Number:			

### Notice and Signature

24	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).	
	 Signature of Claimant or Representative	Pablo E Barriga Printed Name
		Date: 02/27/2018
25	Mail this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 989052, MS 414, West Sacramento, CA 95798-9052. Forms can also be delivered to the Office of Risk and Insurance Management, 707 3rd street, 1st Floor ORIM, West Sacramento, CA 95605.	





## Safeco Insurance Company

PO Box 515097  
Los Angeles, CA 90051-5097  
(888) 268-8840 Fax

Insured: Pablo & Wendy Barriga  
Property:

Cell: (951) 757-5983  
Other: (949) 444-6191

Home:

Claim Rep.: Nahal (Nichole) Mazandarani  
Position: Sr, Field Resolution Spec  
Business: PO BOX 515097  
Los Angeles , CA 90051-5097

Business: (714) 394-4256  
E-mail: Nahal.Mazandarani@libertymutual.com

Estimator: Nahal (Nichole) Mazandarani  
Position: Sr, Field Resolution Spec  
Business: PO BOX 515097  
Los Angeles , CA 90051-5097

Business: (714) 394-4256  
E-mail: Nahal.Mazandarani@libertymutual.com

Reference:  
Company: First National Insurance Company of America

**Claim Number:** 036620870-01

**Policy Number:** OA3164400

**Type of Loss:** 10

Date Contacted: 1/8/2018

Date of Loss: 12/7/2017

Date Inspected: 1/9/2018

Date Est. Completed: 1/26/2018 11:20 AM

Date Received: 12/7/2017

Date Entered: 12/18/2017 8:41 AM

Price List: CABD8X\_DEC17  
Restoration/Service/Remodel

Estimate: PABLO\_E\_BARRIGA\_&  
WE

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
All other structures items are 8 years old and in above average condition.							
413. Sandblasting	1,800.00 SF	1.13	11.16	409.04	2,454.20	(0.00)	2,454.20
Sandblasting all detached retaining walls							
414. Clean with pressure/chemical spray - Very heavy	3,822.50 SF	0.70	5.92	536.34	3,218.01	(0.00)	3,218.01
Pressure wash all decks, walkways, sidewalks and driveways around the dwelling.							
415. Junction box	1.00 EA	89.55	0.72	18.06	108.33	(0.00)	108.33
Large junction box at pool equipment.							
416. Stucco color coat (Redash) - coarse texture	1,800.00 SF	3.51	73.94	1,278.38	7,670.32	(0.00)	7,670.32
Stucco color coat of all detached retaining walls							
417. Brick veneer	650.00 SF	13.38	208.55	1,781.12	10,686.67	(0.00)	10,686.67
Brick ribbons in concrete, wall caps, seat veneer and pilaster caps at pool deck area and wall caps.							
418. Stone floor covering - per specs from ind. stone analysis	212.00 SF	9.20	11.50	392.38	2,354.28	(0.00)	2,354.28
At spa and pool coping.							
419. Swimming Pools & Spas (Bid Item)	1.00 EA	7,370.00	0.00	1,474.00	8,844.00	(0.00)	8,844.00
Place holder pending quote.							
420. Tile floor covering - High grade	30.00 SF	9.36	12.90	58.74	352.44	(0.00)	352.44
Tile on treads of concrete steps.							
421. Paver brick - High grade	448.00 SF	11.09	130.20	1,019.70	6,118.22	(560.00)	5,558.22
Interlocking pavers at back elevation around BBQ Island							
422. Asphalt paving - 2" with 6" base - Residential	1,529.00 SF	5.20	226.33	1,635.42	9,812.55	(1,297.95)	8,514.60
Replacement of affected asphalt driveway leading to home.							
423. Asphalt seal coat	1,529.00 SF	0.27	10.66	84.70	508.19	(103.21)	404.98

PABLO\_E\_BARRIGA\_&\_WE

1/26/2018

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**CONTINUED - Other Structure**

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
424. Concrete slab on grade - 4" - finished in place	1,480.00 SF	4.02	175.49	1,225.02	7,350.11	(362.30)	6,987.81
Affected concrete around jacuzzi and pool deck							
425. Concrete slab reinforcement - 6" x 6", #10 wire mesh	1,480.00 SF	0.52	21.79	158.28	949.67	(44.99)	904.68
426. Concrete Finisher - per hour	32.00 HR	89.13	0.00	570.44	3,422.60	(0.00)	3,422.60
Concrete finishers for pool deck and jacuzzi concrete							
427. Deck pier or footing	7.00 CY	116.61	53.21	173.90	1,043.38	(0.00)	1,043.38
Labor and material for concrete steps.							
428. Concrete pump truck (per hour)	8.00 HR	252.00	0.00	403.20	2,419.20	(0.00)	2,419.20
429. Concrete Finisher - per hour	32.00 HR	89.13	0.00	570.44	3,422.60	(0.00)	3,422.60
Additional finisher and jack hammer							
430. Prime & paint ornamental iron handrail, 36" to 42" high	90.00 LF	8.23	20.99	152.34	914.03	(18.06)	895.97
Including gates							
431. Ornamental iron fencing - 4' high	70.00 LF	35.03	91.63	508.74	3,052.47	(126.11)	2,926.36
At pool.							
432. Ornamental iron fence gate, 3' - 4' wide - 3' - 4' high	2.00 EA	317.35	31.62	133.26	799.58	(43.52)	756.06
433. Ornamental iron fence gate, 5' - 6' wide - 3' - 4' high	2.00 EA	323.35	32.55	135.86	815.11	(44.80)	770.31
434. Vinyl (PVC) fence, 3' - 4' high - picket	77.00 LF	31.57	96.97	505.58	3,033.44	(0.00)	3,033.44
435. Vinyl (PVC) fence post with cap - 5" x 5"	17.00 EA	62.94	48.15	223.64	1,341.77	(0.00)	1,341.77
436. Chain link fence w/posts & top rail - 3' high	104.00 LF	12.12	42.64	260.62	1,563.74	(146.71)	1,417.03
437. Decorative rock (per CY)	60.00 CY	54.54	253.61	705.20	4,231.21	(0.00)	4,231.21
438. Mulching (per CY)	15.00 CY	56.46	47.73	178.92	1,073.55	(0.00)	1,073.55
439. Sprinkler - controller - up to 8 valves	2.00 EA	187.30	14.87	77.90	467.37	(102.35)	365.02
440. Sprinkler head - fixed spray - 6" plastic pop-up	32.00 EA	31.05	17.58	202.24	1,213.42	(90.75)	1,122.67
441. Sprinkler - shrub stick - 12"	7.00 EA	27.90	2.46	39.56	237.32	(12.71)	224.61
442. Sprinkler - pipe - 1"	1,210.00 LF	1.50	68.46	376.70	2,260.16	(282.66)	1,977.50
443. Sprinkler - valve box - 4 valves	8.00 EA	41.70	22.51	71.22	427.33	(92.93)	334.40
444. General Laborer - per hour	32.00 HR	42.11	0.00	269.50	1,617.02	(0.00)	1,617.02
Sprinkler Trenching							
445. Exterior light fixture - High grade	7.00 EA	113.56	40.69	167.12	1,002.73	(0.00)	1,002.73
Exterior light fixtures on front elevation retaining wall							
446. Dumpster load - Approx. 40 yards, 7-8 tons of debris	4.00 EA						
							SUBMIT ACTUAL
<b>Totals: Other Structure</b>			<b>1,774.83</b>	<b>15,797.56</b>	<b>94,785.02</b>	<b>3,329.05</b>	<b>91,455.97</b>





# Safeco Insurance Company

PO Box 515097  
Los Angeles, CA 90051-5097  
(888) 268-8840 Fax

Total: Sketch 2

3,673.34 30,523.82 183,142.56 3,362.33 179,780.23

## Trees, Shrubs and Plants

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
447. Lawn - hydroseeding	3,600.00 SF	0.10	16.74	0.00	376.74	(0.00)	376.74
448. Plants - perennials - grasses - groundcover - 1 gallon	55.00 EA	23.14	59.46	0.00	1,332.16	(0.00)	1,332.16
449. Plants - shrubs - evergreen - 5 gallon	32.00 EA	93.87	123.33	0.00	3,127.17	(0.00)	3,127.17
450. Tree - shade or flowering - 4" caliper	45.00 EA	500.00	0.00	0.00	22,500.00	(0.00)	22,500.00
<b>Totals: Trees, Shrubs and Plants</b>			<b>199.53</b>	<b>0.00</b>	<b>27,336.07</b>	<b>0.00</b>	<b>27,336.07</b>
<b>Line Item Totals: PABLO_E_BARRIGA_&amp;_WE</b>			<b>10,684.60</b>	<b>69,953.14</b>	<b>447,050.62</b>	<b>22,648.68</b>	<b>424,401.94</b>

## Additional Charges

	Charge
California Carpet Stewardship Assessment Fee	26.65
California Lumber Assessment Fee	58.17
<b>Additional Charges Total</b>	<b>\$84.82</b>

## Grand Total Areas:

10,061.76 SF Walls	5,723.58 SF Ceiling	15,785.34 SF Walls and Ceiling
5,459.23 SF Floor	606.58 SY Flooring	1,026.43 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	1,163.20 LF Ceil. Perimeter
5,459.23 Floor Area	8,521.52 Total Area	10,179.16 Interior Wall Area
9,090.31 Exterior Wall Area	1,188.19 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	

Coverage	Item Total	%	ACV Total	%
Dwelling	324,929.53	72.68%	305,710.63	72.02%
Contents	0.00	0.00%	0.00	0.00%
Other Structures	94,785.02	21.20%	91,457.04	21.54%
Landscaping	27,336.07	6.11%	27,336.07	6.44%
<b>Total</b>	<b>447,050.62</b>	<b>100.00%</b>	<b>424,503.74</b>	<b>100.00%</b>



Mr. Pablo Barriga

SH BERNARDINO CA 924

27 FEB 2018 PM 4 L



GOVERNMENT CLAIMS PROGRAM  
OFFICE OF RISK AND INS. MANAGEMENT  
DEPARTMENT OF GENERAL SERVICES  
P.O. Box 989052, MS 414  
WEST SACRAMENTO, CA 95798-9052

95798-905252

